

PREVAILED

Roll Call No. \_\_\_\_\_

FAILED

Ayes \_\_\_\_\_

WITHDRAWN

Noes \_\_\_\_\_

RULED OUT OF ORDER

## HOUSE MOTION \_\_\_\_\_

MR. SPEAKER:

I move that House Bill 1347 be recommitted to a Committee of One, its author, with specific instructions to amend as follows:

- 1 Delete everything after the enacting clause and insert the following:
- 2 SECTION 1. IC 12-7-2-110 IS AMENDED TO READ AS
- 3 FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 110. "Hospital"
- 4 means the following:
- 5 **(1) For purposes of IC 12-15-11.5, the meaning set forth in**
- 6 **IC 12-15-11.5-1.**
- 7 ~~(1)~~ **(2)** For purposes of IC 12-15-18, the meaning set forth in
- 8 IC 12-15-18-2.
- 9 ~~(2)~~ **(3)** For purposes of IC 12-16, except IC 12-16-1, the term
- 10 refers to a hospital licensed under IC 16-21.
- 11 SECTION 2. IC 12-15-11.5 IS ADDED TO THE INDIANA
- 12 CODE AS A NEW CHAPTER TO READ AS FOLLOWS
- 13 [EFFECTIVE UPON PASSAGE]:
- 14 **Chapter 11.5. Lake County Disproportionate Share Hospitals**
- 15 **Sec. 1. As used in this chapter, "hospital" refers to an acute**
- 16 **care hospital provider licensed under IC 16-21 that qualifies as a**
- 17 **disproportionate share hospital under IC 12-15-16 and is the sole**
- 18 **disproportionate share hospital in a city located in a county having**
- 19 **a population of more than four hundred thousand (400,000) but**
- 20 **less than seven hundred thousand (700,000).**
- 21 **Sec. 2. A hospital must be regarded by the office or the office's**
- 22 **managed care contractor as a contracted provider in the office's**
- 23 **managed care services program, which provides a capitated**
- 24 **prepayment managed care system, for the provision of medical**
- 25 **services to each individual who:**
- 26 **(1) is eligible to receive services under IC 12-15 and has**
- 27 **enrolled in the office's managed care services program;**
- 28 **(2) resides in the same city in which the hospital is located;**

1                   **and**  
2                   **(3) has selected a primary care provider who:**  
3                         **(A) is a contracted provider with the office's managed**  
4                         **care contractor; and**  
5                         **(B) has medical staff privileges at the hospital.**  
6                   **Sec. 3. The office or the office's managed care contractor may**  
7                   **not provide incentives or mandates to the primary medical**  
8                   **provider to direct patients described in section 2 of this chapter to**  
9                   **contracted hospitals other than a hospital in a city where the**  
10                   **patient resides.**  
11                   **Sec. 4. A hospital must be reimbursed for services provided to**  
12                   **patients described in section 2 of this chapter at established**  
13                   **Medicaid rates paid to Medicaid providers who are not contracted**  
14                   **providers in the office's managed health care services program,**  
15                   **unless the hospital has entered into a contract under section 5 of**  
16                   **this chapter.**  
17                   **Sec. 5. A hospital may enter into a contract with the office or**  
18                   **the office's managed care contractor for reimbursement at rates**  
19                   **other than those described in section 4 of this chapter.**  
20                   **SECTION 3. An emergency is declared for this act."**  
                  (Reference is to HB 1347 as printed January 20, 2000.)

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Representative DAY